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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/791,315	03/01/2004	Marc Bowman	3301.0058

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CONFIRMATION NO. 1811

FORMALITIES LETTER



OC000000013042247

Date Mailed: 06/23/2004

NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

Filing Date Granted

The U.S. Patent and Trademark Office has received your reply on 06/07/2004 to the Notice to File Missing Parts (Notice) mailed 05/25/2004 and it has been entered into the nonprovisional application. The reply, however, does not include the following items required in the Notice.

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A complete reply must be timely filed to prevent ABANDONMENT of the above-identified application. Replies should be mailed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

- The signature of the following inventor(s) is missing from the oath or declaration:
Marc Bowan, David Bruno

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PART 2 - COPY TO BE RETURNED WITH RESPONSE



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/791,315	
	Filing Date	March 1, 2004	
	First Named Inventor	Bowman, et. al.	
	Art Unit	2829	
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	3301.0058

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration; Notice of Incomplete Reply; postcard
Remarks Commissioner authorized to charge additional fees or credit overpayment to Deposit acct. 03-1550.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kevin L. Russell, Reg. No. 38,292
Signature	
Date	July 16 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kevin L. Russell		
Signature		Date	July 16 2004

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